Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
R.P. LUMBER CO., INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1987

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
R.P. LUMBER CO., INC.

514 E. VANDALIA ST.
EDWARDSVILLE, IL 62025-1855

2b Employer Identification Number (EIN) 37-1056629

2c Sponsor's telephone number 618-656-1514

2d Business code (see instructions) 444110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2010	BRUCE RIEDLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
R.P. LUMBER CO., INC.

514 E. VANDALIA ST.
EDWARDSVILLE, IL 62025-1855

3b Administrator's EIN
37-1056629

3c Administrator's telephone number
618-656-1514

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	570
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	444
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	87
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	531
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	531
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	526
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
R.P. LUMBER CO., INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R.P. LUMBER CO., INC.

D Employer Identification Number (EIN)
37-1056629

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NATIONWIDE FINANCIAL

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	31492	Yes [X] No [ ]	Yes [ ] No [X]	64859	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MEEDER ADVISORY SERVICES

6125 MEMORIAL DRIVE
DUBLIN, OH 43017

31-1332744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT MANAGER	47539	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

ROYAL ALLIANCE ASSOC

ONE WORLD FINANCIAL CENTER
14TH FLOOR
NEW YORK, NY 10281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	BROKER/ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	46034	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

BENEFIT PLANS PLUS LLC

10151 CORPORATE SQUARE DR
SUITE 100
ST. LOUIS, MO 63132

43-1829594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	CONTRACT ADMINISTRATOR	6245	Yes [X] No [ ]	Yes [ ] No [X]	16143	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

RIA SERVICES

9696 SKILLMAN ST, SUITE 320
DALLAS, TX 75243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT MANAGER	0	Yes [X] No [ ]	Yes [ ] No [X]	12280	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

J.W. BOYLE & CO. LTD

2810 FRANK SCOTT PKWY
SUITE 812
BELLEVILLE, IL 62223

37-1287080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/CPA	6650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
R.P. LUMBER CO., INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R.P. LUMBER CO., INC.

D Employer Identification Number (EIN)
37-1056629

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	394554	418877
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1249231	398532
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9064433	12627890
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	10708218	13445299
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10708218	13445299

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	561066	
(B) Participants	2a(1)(B)	751929	
(C) Others (including rollovers)	2a(1)(C)	63341	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1376336
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	416	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		416
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2662301
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		4039053
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1203347	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1203347
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: (1) Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	22537	
	(3) Investment advisory and management fees	2i(3)	76088	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		98625
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1301972
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		2737081
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: J.W. BOYLE & CO. LTD. **(2)** EIN: 37-1287080

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
R.P. LUMBER CO., INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
R.P. LUMBER CO., INC.

D Employer Identification Number (EIN)
37-1056629

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

R. P. LUMBER COMPANY, INC.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

2009 and 2008

R. P. LUMBER COMPANY, INC.
PROFIT SHARING PLAN

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CERTIFIED PUBLIC ACCOUNTANTS
J.W. BOYLE & CO., LTD.
ESTABLISHED 1924

INDEPENDENT AUDITOR'S REPORT

Robert Plummer, Administrator of
the R. P. Lumber Company, Inc. Profit Sharing Plan

We were engaged to audit the financial statements of R.P. Lumber Company, Inc. Profit Sharing Plan as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and the supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Nationwide Trust Company, trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee, as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

J W Boyle & Co LTD

J.W. BOYLE & CO., LTD.

July 15, 2010

COPPER BEND CENTRE
2810 FRANK SCOTT PARKWAY WEST, SUITE 812
BELLEVILLE, ILLINOIS 62223-5092

R. P. LUMBER COMPANY, INC. PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments at fair value	$ 13,026,422	$ 10,313,664
Receivables		
Employer contributions	418,877	394,554
Total assets	13,445,299	10,708,218
Liabilities		
Refund of excess contributions	171	871
Net assets available for benefits	$ 13,445,128	$ 10,707,347

See notes to financial statements.

R. P. LUMBER COMPANY, INC. PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributed to:		
Investment activity		
Net appreciation (depreciation) in fair value of investments (see Note 3)	$ 2,441,190	$ (5,179,388)
Interest and dividends	221,527	26,582
Total investment activity	2,662,717	(5,152,806)
Contributions		
Employer	561,066	550,947
Participants	815,270	886,835
Total contributions	1,376,336	1,437,782
Total additions	4,039,053	(3,715,024)
Deductions from net assets attributed to:		
Benefits paid to participants	1,202,647	1,154,388
Administrative expenses	98,625	123,733
Total deductions	1,301,272	1,278,121
Net increase (decrease)	2,737,781	(4,993,145)
Net assets available for benefits, beginning of year	10,707,347	15,700,492
Net assets available for benefits, end of year	$ 13,445,128	$ 10,707,347

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

1. Description of plan

The following description of the R. P. Lumber Company, Inc. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. **General** - The Plan is a defined contribution plan covering all full-time employees of the Company who have one year of service, are age twenty-one or older, and worked a minimum of 1,000 hours during the calendar year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. **Contributions** - Each year, participants may contribute up to 50 percent of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. The Company contributes 20 percent of the first 15 percent of compensation that a participant contributes to the Plan. Additional profit sharing amounts may be contributed at the option of the Company's board of directors and are invested as directed by the Participants. Contributions are subject to certain limitations.

C. **Participant accounts** - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings (losses), and charged with an allocation of administrative expenses unless paid from forfeitures. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. **Vesting** - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of credited service. To receive credit for one year of vesting, a participant must have completed at least 1,000 hours of service in a calendar year. A participant is 100 percent vested after six years of credited service.

E. **Payment of benefits** - On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In addition, hardship distributions are permitted if certain criteria are met.

F. **Forfeited accounts** - At December 31, 2009 and 2008, forfeited nonvested accounts totaled $12,689 and $8,624, respectively. These accounts will be used to reduce future employer contributions and plan administration fees. Also, in 2009 and 2008 employer contributions were

1. Description of plan (continued)

reduced by $0 and $15,000, respectively, from forfeited nonvested accounts, with an additional $6,700 and $23 used for plan administration fees, respectively.

2. Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of benefits

Benefits are recorded when paid.

Refunds of excess contributions

At December 31, 2009 and 2008, refunds of excess contributions totaled $171 and $871, respectively. These amounts came from excess contributions from highly compensated employees. The corrective refunds were distributed after year-end in order to pass discrimination tests.

Administrative expenses

Certain expenses incurred in connection with the general administration of the Plan and advisory services are paid by the Plan and are recorded in the accompanying statement of changes in net assets available for benefits as administrative expenses.

2. Summary of accounting policies (continued)

Subsequent events

The Plan has evaluated subsequent events through July 15, 2010, the date the financial statements were available to be issued.

3. Investments

The Plan's mutual fund investments (including gains and losses on investments bought, sold, and held during the years 2009 and 2008) appreciated (depreciated) in value by $2,441,190 and ($5,179,388), respectively.

The following presents investments at December 31, 2009, that represent 5 percent or more of the Plan's net assets:

Flex Dynrnc Gr	$1,493,359
Flex Muirfield	1,697,649
Oppenheimer Devl Market - A	764,530

The following presents investments at December 31, 2008, that represent 5 percent or more of the Plan's net assets:

Nw Money Market Inst	$1,249,231
Janus Adv Mdcap Value S	574,801

4. Fair value measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

4. Fair value measurements (continued)

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. There have been no changes in the valuation methodologies used for assets measured at fair value at December 31, 2009 and 2008.

The method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced	$ 2,229,957	$ -	$ -	$ 2,229,957
Bonds	1,699,881	-	-	1,699,881
Cash	398,532	-	-	398,532
International stocks	1,129,919	-	-	1,129,919
Large-cap stocks	4,974,734	-	-	4,974,734
Mid-cap stocks	865,706	-	-	865,706
Short-term bonds	270,604	-	-	270,604
Small-cap stocks	465,429	-	-	465,429
Specialty	991,660	-	-	991,660
Total mutual funds	13,026,422	-	-	13,026,422
Total assets at fair value	$ 13,026,422	$ -	$ -	$ 13,026,422

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,313,664	$ -	$ -	$ 10,313,664
Total assets at fair value	$ 10,313,664	$ -	$ -	$ 10,313,664

5. Distributions payable

At December 31, 2009 and 2008, net assets available for plan benefits included $10,538 and $48,535, respectively, for distributions to participants who have requested a distribution from the Plan prior to the end of the Plan year.

6. Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their accounts.

7. Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for benefits per the financial statements	$ 13,445,128	$ 10,707,347
Refund of excess contributions	171	871
Net assets available for benefits per Schedule H to the Form 5500	$ 13,445,299	$ 10,708,218

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 1,202,647
Add: Corrective distributions for the year ended December 31, 2008	871
Less: Corrective distributions for the year ended December 31, 2009	(171)
Benefits paid to participants per Schedule H of Form 5500	$ 1,203,347

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2008 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 1,154,388
Add: Corrective distributions for the year ended December 31, 2007	1,158
Less: Corrective distributions for the year ended December 31, 2008	(871)
Benefits paid to participants per Schedule H of Form 5500	$ 1,154,675

8. Tax status

Effective January 1, 2009, the Company amended and restated the Plan. This is a volume submitter profit sharing plan document. The Internal Revenue Service has determined and informed the volume submitter by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

9. Information prepared and certified by trustee

The December 31, 2009 and December 31, 2008, Statements of Net Assets Available for Benefits, the investment activities included on the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2009 and 2008, and the accompanying notes to the financial statements were prepared in part or entirely from information certified as complete and accurate by the Trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes the following:

	2009	2008
Mutual funds	$ 13,026,422	$ 10,708,218
Total	$ 13,026,422	$ 10,708,218
Net appreciation (depreciation) in fair value of investments	$ 2,441,190	$ (5,179,388)
Interest and dividends	221,527	26,582
Total investment income (loss)	$ 2,662,717	$ (5,152,806)

10. Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTAL INFORMATION

R. P. LUMBER COMPANY, INC. PROFIT SHARING PLAN
37-1056629
Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	Identity of Issue, Borrower Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
	Nationwide	AIM Basic Value A		$ 11,142
	Nationwide	AIM Charter A		55,777
	Nationwide	AIM Diversified Dividend Inv		68,653
	Nationwide	AIM Energy Inv		40,074
	Nationwide	AIM Midcap Cor Eq A		7,122
	Nationwide	AIM Smallcap Equity - A		3,239
	Nationwide	Alegnt Midcap Value - A		10,439
	Nationwide	Alger Midcap Growth Inst - I		10,668
	Nationwide	Allber International Growth - A		521
	Nationwide	Allber Smmdcap Value - A		521
	Nationwide	Allber Smmdcap Value - K		12,922
	Nationwide	American Century Equity Income Fund - A		68,065
	Nationwide	American Century Income & Growth Fund - A		15,645
	Nationwide	American Century Infl Adj Bd Inst		159
	Nationwide	American Century St Govt Adv		133,209
	Nationwide	American Century Smallcap Value Adv		34,681
	Nationwide	American Vis Adv		2,828
	Nationwide	American Funds - American Bal R5		3,265
	Nationwide	American Funds - Bond Fund Am R5		4,675
	Nationwide	American Funds - Capital Income Builder R5		129,709
	Nationwide	American Funds - Europacific Growth R3		5,103
	Nationwide	American Funds - Europacific Growth R5		66,009
	Nationwide	American Funds - Fundamental Inv R5		28,473
	Nationwide	American Funds - Growth Fund of America R3		1,511
	Nationwide	American Funds - Growth Fund of America R5		171,673
	Nationwide	American Funds - Intermediate Bond Fund of America R5		1,566
	Nationwide	Blackrock Energy Resource Inv A		706
	Nationwide	Blackrock Equity Dividend Inv A		6,070
	Nationwide	Blackrock GNMA Inv A		58
	Nationwide	Blackrock Global Emerging Market Inv A		41,204
	Nationwide	Blackrock Health Scnc Oppr Inv A		76,126
	Nationwide	Buf Midcap Fund		78,514
	Nationwide	Buf Smallcap Fund		47,559
	Nationwide	Calvert Global Alternative Energy A		1,677
	Nationwide	Calvert Income A		2
	Nationwide	De Diversified Income A		75,118
	Sub-total (carried forward)			$ 1,214,683

See notes to financial statements.

R. P. LUMBER COMPANY, INC. PROFIT SHARING PLAN
37-1056629
Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Continued)
December 31, 2009

(a)	Identity of Issue, Borrower Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
	Sub-total (brought forward)			$ 1,214,683
	Nationwide	DWS Rreef Realest Sec - A		112,476
	Nationwide	DWS Vs Largecap Value - A		61,263
	Nationwide	Davis Financial Fund - A		55,457
	Nationwide	Diamond Hill Largecap A		38
	Nationwide	Dodge & Cox Income		188,771
	Nationwide	Dodge & Cox International Stock		7,890
	Nationwide	Drey Appreciation Fund		11,040
	Nationwide	Drey Grtr China Fund - A		53,835
	Nationwide	Ev Ww Health Sciences Fund - A		4,789
	Nationwide	Federated Kaufmann Smallcap - A		2,395
	Nationwide	Federated Ttl Rtn Bond A		39
	Nationwide	Fidelity Advantage Freedom 2010 - A		90,868
	Nationwide	Fidelity Advantage Freedom 2015 - A		16,295
	Nationwide	Fidelity Advantage Freedom 2020 - A		88,085
	Nationwide	Fidelity Advantage Freedom 2025 - A		15,362
	Nationwide	Fidelity Advantage Freedom 2030 - A		16,441
	Nationwide	Fidelity Advantage Freedom 2035 - A		103,780
	Nationwide	Fidelity Advantage Freedom 2040 - A		37,516
	Nationwide	Fidelity Advantage Levr Co Stock - A		51,498
	Nationwide	Flex Aggr Gr		544,696
	Nationwide	Flex Defn Bal		556,562
	Nationwide	Flex Dynrnc Growth		1,493,359
	Nationwide	Flex Muirfield		1,697,649
	Nationwide	Flex Strategic Growth		153,678
	Nationwide	Flex US Government Bond		218,111
	Nationwide	Fnklncf Franklin Income - A		435,688
	Nationwide	First American Realest Sec - A		12,211
	Nationwide	Gdmnscs Gr Oppr - A		140,806
	Nationwide	Gdmnscs Midcap Value - A		41,091
	Nationwide	Gdmnscs Short Duration Government - A		52
	Nationwide	Gdmnscs Short Duration Government Inst		52,371
	Sub-total (carried forward)			$ 7,478,795

See notes to financial statements.

R. P. LUMBER COMPANY, INC. PROFIT SHARING PLAN
37-1056629
Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Continued)
December 31, 2009

(a)	Identity of Issue, Borrower Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
Sub-total (brought forward)				$ 7,478,795
	Nationwide	Gdmnscs Ultra Short Duration Government - A		2,588
	Nationwide	H & W Large Cap Value A		56,131
	Nationwide	Harbor Midcap Growth Inc		5,698
	Nationwide	Heartland Value Pls Inv		6,776
	Nationwide	Ivy Asset Strategy Fund - Y		368,975
	Nationwide	Ivy Dividend Opportunity - Y		7,948
	Nationwide	Ivy High Income Fund - Y		411,837
	Nationwide	Ivy Intl Cor Equity - Y		6,552
	Nationwide	Ivy Large Cap Growth Fund - Y		18,536
	Nationwide	Ivy Science and Technology Fund - Y		77,426
	Nationwide	Jpm Midcap Value A		213,189
	Nationwide	Jpm Trsry Agency Sel		20,883
	Nationwide	Jenson Port J		87,418
	Nationwide	Jnhnck Clsc Value - A		87,140
	Nationwide	Jnhnck Large Cap Equity A		34,427
	Nationwide	Janus Entrp S		4,850
	Nationwide	Janus Frty S		145,505
	Nationwide	Janus Prkns Midcap Value S		6,720
	Nationwide	Lazard Emerging Market Equity Open Fund		58,214
	Nationwide	Lazard US Midcap Equity Open Fund		626
	Nationwide	Loomissayles Inv Grd Bond A		48,273
	Nationwide	MFS Ttl Rtn A		108,952
	Nationwide	MFS Value A		22,238
	Nationwide	Nw Midcap Market Index A		12,825
	Nationwide	Nw Money Market Inst		398,532
	Nationwide	Nw S & P 500 Index Sc		27,042
	Nationwide	Nw Smallcap Index A		3,447
	Nationwide	Neuber Real Estate Pd Tr		23
	Nationwide	Oakmark Equity and Income II		104,724
	Nationwide	Oakmark Fd II		32,079
	Nationwide	Oakmark Global II		31,736
	Nationwide	Oakmark International II		81,117
	Nationwide	Oppenheimer Commodity Strategic Ttl Rtn A		2,360
	Sub-total (carried forward)			$ 9,973,582

See notes to financial statements.

R. P. LUMBER COMPANY, INC. PROFIT SHARING PLAN
37-1056629
Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Continued)
December 31, 2009

(a)	Identity of Issue, Borrower Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
Sub-total (brought forward)				$ 9,973,582
	Nationwide	Oppenheimer Devl Market - A		764,530
	Nationwide	Opp Gold & Spec Minerals - A		52,756
	Nationwide	Opp International Bond A		230,906
	Nationwide	Opp Mn St Smallcap A		10,595
	Nationwide	Opp Strategic Income A		29,980
	Nationwide	Opp Value A		9,853
	Nationwide	Pimco Allnz NFJ Largecap Value A		66,662
	Nationwide	Pimco Comdty Real Return Strategic A		3,929
	Nationwide	Pimco Low Dur A		18,079
	Nationwide	Pimco Low Dur Inst		76
	Nationwide	Pimco Ttl Rtn A		185,329
	Nationwide	Pimco Ttl Rtn Inst		1,318
	Nationwide	Pimco Comdty Real Return Strategic Inst A		3,932
	Nationwide	Pioneer Or Smallcap Growth A		39,494
	Nationwide	Pioneer Cullen Value - A		6,169
	Nationwide	Pioneer Emerging Market A		48,312
	Nationwide	Pioneer Equity Income A		15,112
	Nationwide	Pioneer Hi Yield A		130,058
	Nationwide	Pioneer Midcap Value A		66,194
	Nationwide	Pioneer Strategic Income A		284,124
	Nationwide	Prudential Jnisn Midcap Growth A		2,543
	Nationwide	Prudential Jnisn Natural Resource A		40,210
	Nationwide	Prudential Jnisn Utilitiy A		170,510
	Nationwide	Rdgwrth Intermediate Bond I		121,801
	Nationwide	Rdgwrth Largecap Value Equity I		60,644
	Nationwide	Rdgwrth Midcap Value Equity I		96,894
	Nationwide	Rdgwrth Smallcap Value Equity I		48,414
	Nationwide	Rydex Precious Metals Adv		3,169
	Nationwide	Rydex sf S & P 500 Pure Value H		2,700
	Nationwide	Rydex sf S & P Midcap 400 Purevalh		423
	Nationwide	Scout International		16,278
	Nationwide	Sntnl Government Sec A		57
	Nationwide	TCW Ttl Return Bond N		162
	Sub-total (carried forward)			$12,504,795

See notes to financial statements.

R. P. LUMBER COMPANY, INC. PROFIT SHARING PLAN
37-1056629
Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
(Continued)
December 31, 2009

(a)	Identity of Issue, Borrower Lessor, or Similar Party (b)	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
Sub-total (brought forward)				$12,504,795
	Nationwide	Thornburg International Value Pd I		2,453
	Nationwide	Thornburg Value Fund Cls I		59,177
	Nationwide	Van Eck Global Hard Assets A		30,178
	Nationwide	Van Eck International Inv Gold A		18,910
	Nationwide	Van Kampen Equity & Income A		57
	Nationwide	Vankamp Comstock Pd A		841
	Nationwide	Vankamp Smallcap Value A		38,030
	Nationwide	Vanguard Infl-Prot Secs Is		9
	Nationwide	Vanguard Smallcap Value Index Is		9,983
	Nationwide	Vic Established Value A		38,085
	Nationwide	Vic Small Co Opp A		40
	Nationwide	Vanguard Equity Income Pd Invshr		58
	Nationwide	WFAF Common Stock Fund CIA		54,193
	Nationwide	WFAF Discovery Fund Inv		17,496
	Nationwide	WFAF Short Duration Government Bond A		41,780
	Nationwide	William Blair Smallcap Growth N		210,337
	Total investment			$13,026,422

Note 1: Column (a) is blank as there were no parties-in-interest.

Note 2: In column (d), cost information may be omitted with respect to participant or beneficiary directed transactions under an individual account plan.

See notes to financial statements.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► R.P. Lumber Co., Inc. Profit Sharing Plan

Employer Identification Number:► 37-1056629

For plan year (beginning/ending):► 01/01/2009 - 12/31/2009 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Nationwide	Aim Basic Val A	9114	11142
	Nationwide	Aim Charter A	51052	55777
	Nationwide	Aim Divrs Divd Inv	62759	68653
	Nationwide	Aim Enrgy Inv	39264	40074
	Nationwide	Aim Mdcap Cot Eq A	6779	7122
	Nationwide	Aim Smcap Eq A	3459	3239
	Nationwide	Alegnt Mdcap Val A	11196	10439
	Nationwide	Alger Mdcap Gr Inst I	13841	10668
	Nationwide	Allber Intl Gr A	507	521
	Nationwide	Allber Smmdcap Val A	484	521
	Nationwide	Allber Smmdcap Val K	11402	12922
	Nationwide	Amcent Eq Inc A	66382	68065
	Nationwide	Amcent Inc Gr A	17827	15645
	Nationwide	Amcent Infl Adj Bd Inst	146	159
	Nationwide	Amcent St Govt Adv	129306	133209
	Nationwide	Amcent Smcap Val Adv	31377	34681
	Nationwide	Amcent Vis Adv	3109	2828
	Nationwide	Amfds Am Bat **R5**	3068	3265
	Nationwide	Amfds Bd Fd Am **R5**	4185	4675
	Nationwide	Amfds Cap Inc Bldr **R5**	132540	129709
	Nationwide	Amfds Europacfc Or R3	5341	5103
	Nationwide	Amfds Europacfc Gr **R5**	54866	66009
	Nationwide	Amfds Fdmntl Inv R5	24190	28473
	Nationwide	Amfds Or Fd Am R3	1447	1511
	Nationwide	Amfds Gr Fd Am **R5**	191358	171673
	Nationwide	Amfds Intmd Bd Fd Am R5	1560	1566
	Nationwide	Blkrk Enrgy Rsrc Inv A	433	706
	Nationwide	Blkrk Eq Divd Inv A	5503	6070
	Nationwide	Blkrk Gnma Inv A	55	58
	Nationwide	Blkrk Glbl Emrg Mkt Inv A	41563	41204
	Nationwide	Blkrk Hlth Scnc Oppr Inv A	74624	76126
	Nationwide	Buf Mdcap	76792	78514
	Nationwide	Buf Smcap	38137	47559
	Nationwide	Clvrt Glbl Altrnatvenrgy A	2454	1677
	Nationwide	Clvrt Inc A	2	2
	Nationwide	De Divrs Inc A	74865	75118
	Nationwide	Dws Rreef Realest Sec A	123515	112476
	Nationwide	Dws Vs Lgcap Val A	52186	61263
	Nationwide	Davis Fin A	63652	55457

	Nationwide	Diamond Hill Lgcap A	35	38
	Nationwide	Dodgecox Inc	157085	188771
	Nationwide	Dodgecox Intl Stk	7147	7890
	Nationwide	Drey App	9214	11040
	Nationwide	Drey Grtr China A	36531	53835
	Nationwide	Ev Ww Hlth Scnc A	4909	4789
	Nationwide	Fed Kaufman Smcap A	2904	2395
	Nationwide	Fed Ttl Rtn Bd A	38	39
	Nationwide	Fidadv Free 2010 A	82202	90868
	Nationwide	Fidadv Free 2015 A	15009	16295
	Nationwide	Fidadv Free 2020 A	87911	88085
	Nationwide	Fidadv Free 2025 A	14958	15362
	Nationwide	Fidadv Free 2030 A	16113	16441
	Nationwide	Fidadv Free 2035 A	100280	103780
	Nationwide	Fidadv Free 2040 A	37310	37516
	Nationwide	Fidadv Levr Co Stk A	41108	51498
	Nationwide	Flex Aggr Gr	393954	544696
	Nationwide	Flex Defn Bal	475668	556562
	Nationwide	Flex Dynrnc Gr	1106939	1493359
	Nationwide	Flex Mrfld	5933043	1697649
	Nationwide	Flex Strat Gr	107156	153678
	Nationwide	Flex Us Govt Bd	214007	218111
	Nationwide	FnkIncf Fnkln Inc A	346595	435688
	Nationwide	Frst Am Realest Sec A	11202	12211
	Nationwide	Gdmnscs Gr Oppr A	138489	140806
	Nationwide	Gdmnscs Mdcap Val A	1358771	41091
	Nationwide	Gdmnscs Shrt Dur Govt A	51	52
	Nationwide	Gdmnscs Shrt Dur Govt Inst	52381	52371
	Nationwide	Gdmnscsultrashrtdur Govt A	2534	2588
	Nationwide	Hw Lgcap Val A	75130	56131
	Nationwide	Harbor Mdcap Gr Inv	5377	5698
	Nationwide	Heartland Val Pls Inv	6496	6776
	Nationwide	Ivy Asset Strategy Fd Cl Y	301684	368975
	Nationwide	Ivy Divd Oppr Y	6395	7948
	Nationwide	Ivy High Income Fund Cls Y	318536	411837
	Nationwide	Ivy Intl Cor Eq Y	6423	6552
	Nationwide	Ivy Large Cap Grth Fd Cl Y	16609	18536
	Nationwide	Ivy Science And Tech Fnd Y	72183	77426
	Nationwide	Jpm Mdcap Val A	211451	213189
	Nationwide	Jpm Trsry Agncy Sel	21046	20883
	Nationwide	Jensn Port J	80809	87418
	Nationwide	Jnhnck Clsc Val A	100837	87140
	Nationwide	Jnluick Lgcap Eq A	41283	34427
	Nationwide	Jns Entrp S	3804	4850
	Nationwide	Jns Frty S	125976	145505
	Nationwide	Jns Prkns Mdcap Val S	5473	6720
	Nationwide	Lazard Emrg Mkt Eq Open	48955	58214
	Nationwide	Lazard Us Mdcap Eq Open	660	626
	Nationwide	Loomissayles Inv Grd Bnd A	48716	48273
	Nationwide	Mfs Ttl Rtn A	102179	108952
	Nationwide	Mfs Val A	20302	22238
	Nationwide	Nw Mdcap Mkt Indx A	12983	12825

	Nationwide	Nw Mny Mkt Inst	399147	398532
	Nationwide	Nw S&P 500 Indx Sc	28789	27042
	Nationwide	Nw Smcap Inclx A	3570	3447
	Nationwide	Neuber Real Est Pd Tr	21	23
	Nationwide	Okmrk Eq Inc Ii	103682	104724
	Nationwide	Olcmrk Pd Ii	31326	32079
	Nationwide	Okmrk Glbl Ii	28585	31736
	Nationwide	Okmrk Intl Ii	77795	81117
	Nationwide	Opp Comdty Strat Ttl Rtn A	5324	2360
	Nationwide	Opp Devi Mkt A	586109	764530
	Nationwide	Opp Gold Spec Mnrls A	137846	52756
	Nationwide	Opp Intl Bd A	214624	230906
	Nationwide	Opp Mn St Smcap A	11480	10595
	Nationwide	Opp Strat Inc A	25827	29980
	Nationwide	Opp Val A	11876	9853
	Nationwide	Pimco AllnzNfj Lgcapval A	51802	66662
	Nationwide	Pimco Comdtyrealrtnstrat A	4902	3929
	Nationwide	Pimco Low Dur A	15922	18079
	Nationwide	Pimco Low Dur Inst	77	76
	Nationwide	Pimco Ttl Rtn A	173307	185329
	Nationwide	Pimco Ttl Rtn Inst	1215	1318
	Nationwide	Pimcocomdyrealrtnstratinst	4902	3932
	Nationwide	Pioneer Or Sm Cap Growth A	38814	39494
	Nationwide	Pionr Cullen Val A	4799	6169
	Nationwide	Pionr Emrg Mkt A	29849	48312
	Nationwide	Pionr Eq Inc A	16954	15112
	Nationwide	Pionr Hi Yld A	96559	130058
	Nationwide	Pionr Mdcap Val A	70419	66194
	Nationwide	Pionr Strat Inc A	233581	284124
	Nationwide	Prudntl Jnisn Mdcap Gr A	1747	2543
	Nationwide	Prudntl Jnisn Natrl Rsrc A	111392	40210
	Nationwide	Prudntl Jnisn Util A	200720	170510
	Nationwide	Rdgwrth Intmd Bd I	121729	121801
	Nationwide	Rdgwrth Lgcap Val Eq I	53511	60644
	Nationwide	Rdgwrth Mdcap Val Eq I	88054	96894
	Nationwide	Rdgwrth Smcap Val Eq I	41143	48414
	Nationwide	Rydex Precious Metals Adv	4300	3169
	Nationwide	Rydexsf S&P 500 Pure Val H	5112	2700
	Nationwide	Rydexsfs&Pmdcap400purevalh	2512	423
	Nationwide	Scout Intl	11653	16278
	Nationwide	Sntnl Govt Sec A	597	57
	Nationwide	Tcw Ttl Rtn Bd N	165	162
	Nationwide	Thornburg Intl Value Pd I	2647	2453
	Nationwide	Thornburg Value Fund Cls I	66539	59177
	Nationwide	Van Eck Glbl Hard Assets A	20796	30178
	Nationwide	Van Eck Intnatl Inv Gold A	12791	18910
	Nationwide	Van Kampen Equity & Inc A	41	57
	Nationwide	Vankamp Comstock Pd A	732	841
	Nationwide	Vankamp Smcap Val A	37660	38030
	Nationwide	Vanguard Infl-Prot Secs Is	249	9
	Nationwide	Vanguard Smcap Val Indx Is	10244	9983
	Nationwide	Vic Estblshd Val A	27944	38085

	Nationwide	Vic Sm Co Opp A	31	40
	Nationwide	Vngrd Eqt Income Pd Invshr	50	58
	Nationwide	Wfaf Common Stock Fnd CIA	38727	54193
	Nationwide	Wfaf Discovery Fnd Inv Cls	20981	17496
	Nationwide	Wfaf Short Dur Govt Bond A	41932	41780
	Nationwide	William Blair Sm Cap Gr N	201503	210337